

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36555

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5351</u> Registrar's No. <u>81</u>						
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Celt Rural</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) <u>3078</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DANIEL</u>		b. (Middle) <u>LEWIS</u>		c. (Last) <u>POTTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-22-1909</u>		9. AGE (In years last birthday) <u>41</u> Months <u>6</u> Days <u>1</u> If under 1 year: Hours <u>1</u> Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Farm</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sylvester Potter</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Pittman</u>			14. NAME OF HUSBAND OR WIFE <u>Thelma</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Potter Celt Mo</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died without medical attention</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>peritonitis</u> DUE TO (c) <u>ruptured appendix</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5501</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>A. B. Jones</u> (Degree or title) <u>3</u>			23b. ADDRESS <u>Buffalo Mo</u>			23c. DATE SIGNED <u>11-24-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>11-25-50</u>			24c. NAME OF CEMETERY OR CREMATORY <u>A. B.</u>			24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/4/50</u>			REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R B Jones</u> ADDRESS <u>Buffalo Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED

DEC 5 1950

Dist. File

1250-2404

Date Filed

12-5-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

Marion B. Jones

Signed .....

Student Embalmer

Licensed Embalmer No. 4322

P. O. Address

Buffalo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.